

EXHIBIT B

Oakland County Jail Operations

GR-220177

INMATE GRIEVANCE FORM

Inmate Name: [REDACTED] # 360084 Cell: 2H¹⁶ Date: 3-31-20Received By: THICK # 1229 Date: 03/31/2020 Time: 1418
Staff Print Your Name and Badge Number

Nature of Grievance:

• Category II Jail Infraction • A failure to keep one's person and quarters in a neat orderly and sanitary condition
 • B. Failure to shower or maintain proper hygiene
 • No Linen Exchange
 • How do I go from showering daily to Tuesday, Thursday and Saturday when others have the right to shower on the 15-20 minutes when we come out.

Inmate Effort to Resolve with Staff (Explain):

(Attach Additional Sheets if Necessary)

Inmate Signature: [REDACTED] Date: _____ Supv. Initial / Date: MA 116 3/31/20
Reviewed/Processed

Grievance Response

Referral To: _____ Date: _____

Answer:

Not grievable. No appeal requested. TOT Grievance CoordinatorResponder's Signature: MA 116 Date: 3/31/20

Lieutenant's Signature: _____ Date: _____

Grievance Coordinator's Signature: _____ Date: _____

Inmate Signature: _____ Date: _____

() Appeal to Captain or Designee Date: _____

Response to Appeal: _____

By: _____ Date: _____

Inmate Signature: _____ Date: _____

(Revised 07/02/13)

Oakland County Sheriff's Office
Oakland County Jail Operations
INMATE GRIEVANCE RESPONSE

To Inmate Name: [REDACTED] Inmate #: 360082 Cell: 2H- 16
Date of Grievance: 3/31/2020

Response:

You submitted a grievance addressing two concerns:

- 1) You did not receive linen exchange.
- 2) You were unhappy with only being able to shower on Tuesday, Thursday, and Saturday for 15-20 minutes.

First and foremost, you are only allowed to address one topic per grievance, not two.

I was informed that linen exchange was not conducted on Monday, 3/30/2020. The housing pod, 2H, was placed in to lockdown due to the current COVID-19 pandemic that is taking place around the world. Your pod will be taken out of lockdown later this week. Once that happens, the linen exchange will take place.

Also, after speaking to the jail clinic, due to the pod being locked down, you are being afforded the opportunity to shower in the jail clinic shower on Tuesdays, Thursdays, and Saturdays, ending 4/3/20. This is being done to limit movement out of 2H and to limit exposure while in the jail clinic. Your rights of being able to shower are still being accommodated in a handicap accessible shower.

I find your grievance to be non-grievable.



If additional space is needed for response please continue to page #2. If response continues on page #2 please check box ☐

Responders Name (print): Supv Hall

Responders Signature: [Signature] Badge: 1786 Date: 3/31/2020

Reviewing Lieutenant's Signature: [Signature] Badge: [Signature] Date: [Signature]

Grievance Coordinator's Signature: [Signature] Badge: 404 Date: 4/1/20

Inmate's Signature: [REDACTED] Date: 3/31/2020

Appeal Requested (Circle One): Yes

No

Oakland County Jail Operations

INMATE GRIEVANCE FORM

Inmate Name: [REDACTED]

Received By: Buyck #19# 327925Cell: D306Date: 3-29-20

Staff Print Your Name and Badge Number

Date: 3-30-2020Time: 1:30 PM

Nature of Grievance:

Meaning supplies are not being given out during the day, D3
has not been regularly cleaned properly in the last week and a half
The shower curtain had to be cleaned by an inmate on the rock. There is
never a mop or scrubber available, D3 is not given throughout the
cell. NO UV light has been used on the rock. Cells are not cleaned
properly. I have written a grievance because the corona virus, out break
and the unsanitary conditions are a risk as COVID 19 can survive up to 3 days in particles
in the air. It is also a serious risk as COVID 19 can survive up to 3 days in particles
inmate Effort to Resolve with Staff (Explain):
I explained to many staff that
COVID 19 is a deadly virus. It can survive outside the body up to 3 days
on plastic, metal and tiles in dust particles. This is not a game of story
or plastic, metal and tiles in dust particles. This is not a game of story

Inmate Signature: [REDACTED]

Date: 3-29-20Supv. Initial / Date: SM #177

Reviewed/Processed

3/30/2020

Grievance Response

Referral To: McWhorter 177

Answer:

Date: 3/31/2020SEE ATTACHED MEMO:

FILE COPY

Responder's Signature: [Signature]Date: 3/31/2020Lieutenant's Signature: [Signature]Date: 04/01/20Grievance Coordinator's Signature: [Signature]Date: 3/31/20

Inmate Signature: [REDACTED]

() Appeal to Captain or Designee Date: _____

Response to Appeal: Upheld. We will be reiterating to all
staff the specific directive pertaining
to thorough cleaning on all shifts.By: Cpt C. [Signature]Inmate Signature: RefusedDate: 3-31-2020

Revised 07/02/13)

Date: 4/1/2020

Oakland County Sheriff's Office
Oakland County Jail Operations
INMATE GRIEVANCE RESPONSE

To Inmate Name: [REDACTED] Inmate #: 327925 Cell: D306

Date of Grievance: 3/30/2020

Response:

I appreciate you bringing up the issues regarding the cleanup procedures, currently going on throughout the jail. Your concerns have been forwarded and will be handled administratively. Thank you bringing this to our attention.

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If additional space is needed for response please continue to page #2. If response continues on page #2 please check box ☐

Responders Name (print): STEVEN MCPHERSON #177

Responders Signature: Steve McPherson Badge: 177 Date: 3/31/2020

Reviewing Lieutenant's Signature: _____ Badge: _____ Date: _____

Grievance Coordinator's Signature: C. Via Badge: 444 Date: 03/31/20

Inmate's Signature: [REDACTED] Date: 3-31-20

Appeal Requested (Circle One):

Yes

No

Oakland County Sheriff's Office
Oakland County Jail Operations
INMATE GRIEVANCE RESPONSE

To Inmate Name: [REDACTED] Inmate #: 357968 Cell: A204
Date of Grievance: 3/26/2020
Response:

[REDACTED] i find your grievance not valid for the following reasons:

DMQ is concentrated with water to its specifications.
Oakland County Jail is not stretching supplies. Our Health and safety is in mind for staff and inmates alike. Captain Child's has posted a letter for informational purposes to reiterate the fact that the inmates in the housing areas has access to cleaning supplies on a regular basis at their request. This applies after each meal.
Regarding your statement we are not false advertising.
In regards to your statement of things (working out better) for inmates please know that we have your best interests in mind. This applies for inmates as well as our staff.



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If additional space is needed for response please continue to page #2. If response continues on page #2 please check box ☐

Responders Name (print): Supv Rushing

Responders Signature: Supv Rushing Badge: 0090 Date: 3/27/2020

Reviewing Lieutenant's Signature: _____ Badge: _____ Date: _____

Grievance Coordinator's Signature: C. V. [Signature] Badge: 421 Date: 03/30/20

Inmate's Signature: [REDACTED] Date: 3/27/2020

Appeal Requested (Circle One): Yes ☐ No ☒

Oakland County Jail Operations

INMATE GRIEVANCE FORM

Inmate Name: [REDACTED]

357968

Cell: A-204

Date: 03/27/20

Received By: Dranos 2407

Staff Print Your Name and Badge Number

Date: 3-26-20

Time: 1408

Nature of Grievance:

Singleman cells have had longterm issues with getting fresh or sanitized cleaning supplies for a while. the DNG is watered down its not strong enough to kill germs. I understand Oakland County Jail like to stretch their supplies but its safety first over saving and stretching cleaning supplies. inmates matter just like employees. We are all human. Its not acceptable to post letters throughout this facility. Yet inmates are not truly getting cleaning materials they need to disinfect their housing area. thats kinda like false advertising. We need stronger cleaning supplies or stronger DNG!

Inmate Effort to Resolve with Staff (Explain):

On the back of this grievance i added a statement that could make things work out better for inmates as well as staff members going forward. Please give this matter your undivided attention

(Attach Additional Sheets if Necessary)

Inmate Signature: [REDACTED]

Date: 03/27/20

Supv. Initial / Date: [Signature] / 3.27.20

Reviewed/Processed

Grievance Response

Referral To: Grievance Card

Answer:

Refer to inmate grievance response

Date: 3-27-2020

(Supv. Rushing 03/27/20)

Responder's Signature: _____

Date: _____

Lieutenant's Signature: _____

Date: _____

Grievance Coordinator's Signature: _____

Date: _____

Inmate Signature: _____

Date: _____

() Appeal to Captain or Designee Date: _____

Response to Appeal: _____

By: _____

Date: _____

Inmate Signature: _____

Date: _____

(Revised 07/02/13)



The purpose of this grievance is to make upper management here at Oakland County Jail aware of the dirty cleaning Supplies we are receiving such as Brooms, push Brooms dirty swifter's and dirty mop heads.

Also we have been receiving watered down DNO for quite a while some months to be exact.

Im only going by my experiences in a singleman cell where I have been housed seventeen outta my eighteen months incarcerated here at OCJ (Oakland County Jail)

I understand that mops and swifter's get dirty and there may not always be fresh one's available due to inmates cleaning there ten man cells first but, singleman cells still deserve fresh cleaning supplies aswell.

I think it would be wise for trustee's to rinse swifter's off in the utility closet until dirt and lant is off the swifter's aswell as rinse the mops out in hot water and bleach before bringing to inmates in singleman cells to clean.

Also brooms and push brooms should be cleaned in the utility closet they are very nasty dirty etc, always having dust and dirt on them, Keeping cleaning products sanitized should be a daily job for trustee's so that all inmates are able to clean there cell's and housing area appropriately.

Please take into consideration the purpose of this letter inmates are still human there son's and daughter's fathers and Mother's Husbands and Wife's, Safety should always come first.

Thank you in advance,

GR-2200172

Oakland County Jail Operations

INMATE GRIEVANCE FORM

Inmate Name: [REDACTED]

196718

Cell: C-3-7 Date: 3-25-2020

Received By: Terry 2722

Staff Print Your Name and Badge Number

Date: 3-25-20

Time: 1725

Nature of Grievance: Humane Treatment Living Condition And Sanitation

Since I have been at OCT the Cleaning Process for this Covid-19 Virus has been nothing or nowhere near 10 to Par. We are in constant contact with the staff and all though they're being tested, the inmates are not. Plus we need Pape, bleach, and hand sanitizer which we're not getting. Our food is being handled by deputies and trustees without proper (PPE). The (PPE) being used is so watered down we may as well be using nothing at all. The food is constantly being feed lunch meat for dinner is inhumane for it has no nutritional value! I've been expriencing with (52) coagies this should be changed A.S.A.P. Plus we have high in sodium which causes high blood-pressure. This explains the headaches I've been expriencing with (52) coagies this should be changed A.S.A.P. Plus we have Inmate Effort to Resolve with Staff (Explain): Noway to get fresh air or exercise.

(Attach Additional Sheets if Necessary)

Inmate Signature: [REDACTED]

Date: 3-25-2020

Supv. Initial / Date: [Signature] 3-25-2020

Grievance Response

Answer:

Referral To: _____

Date: _____



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Responder's Signature: _____

Lieutenant's Signature: _____

Date: _____

Grievance Coordinator's Signature: _____

Date: _____

Inmate Signature: _____

Date: _____

Date: _____

() Appeal to Captain or Designee Date: _____

Response to Appeal:

DENIED. THE ANSWERS TO YOUR GRIEVANCE BY SUPV. ROOT ARE CORRECT. WE ARE TAKING GREAT STEPS TO KEEP THE FACILITY CLEAN AND SANITIZED.

By: Cpt C [Signature]

Inmate Signature: _____

Date: 3-26-2020

(Revised 07/02/13)

Date: _____

#177
A. McPherson Inmate TOT MDOC ON 3/27

Oakland County Sheriff's Office
Oakland County Jail Operations
INMATE GRIEVANCE RESPONSE

To Inmate Name: Inmate #: 196718 Cell: C307
Date of Grievance: 3/25/2020

Response:

You submitted a grievance on 03/25/2020 stating that you feel the health and sanitation standards are not to your liking. You also stated that you are submitting a grievance because you are not being supplied hand sanitizer and/or bleach.

This is a non grievable issue for the following reasons.

We do not supply bleach at Oakland County Jail, nor do we supply hand sanitizer to inmates. You have access to soap at your request.

Your housing location is being cleaned after every meal, three times a day, and you can request a rag with DMQ at those times to ensure you have a clean living area.


With your concern about being tested for the COVID-19 virus, if you are experiencing symptoms, notify your deputy immediately so further medical evaluation can be determined at that time.

All trustees that are handling food are equipped with hair nets and gloves for every meal, which is the proper PPE.

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If additional space is needed for response please continue to page #2. If response continues on page #2 please check box ☐

Responders Name (print): Supv. Root

Responders Signature:  Badge: 2204 Date: 3/25/2020

Reviewing Lieutenant's Signature:  Badge: Date:

Grievance Coordinator's Signature:  Badge: def Date: 03/26/20

Inmate's Signature:  Date: 3/25/2020

Appeal Requested (Circle One): Yes No

Oakland County Jail Operations

GR-2200193

INMATE GRIEVANCE FORM

Inmate Name: [REDACTED] # 319285 Cell: A1C Date: 4-8-2020

Received By: [Signature] # 116a Date: 4/8/20 Time: 1356
Staff Print Your Name and Badge Number

Nature of Grievance:

I am being deprived of my mandatory Hygiene products governed by MOCS and I
 P.D.S further more my 8th Amendment right to be free of cruel & unusual punishment
 is also being violated. I am indigent and rely on GCJ order once a week to
 maintain vital communication via three envelopes which is causing major discomfort
 because of the Corona virus/Covid 19 I'm not able to communicate to my high risk
 family nonetheless brush my teeth or apply deodorant which is causing me to be
 humiliated by my peers. As to lack of hygiene maintenance. The last time
 indigent for what passed out was 3/27/2020 with no equipment insight

Inmate Effort to Resolve with Staff (Explain):

Reported this issue several times grievance provided

(Attach Additional Sheets if Necessary)

Inmate Signature: [REDACTED] Date: _____ Supv. Initial / Date: SM 177
 Reviewed/Processed 4-8-20

Grievance Response

Referral To: MCPHERSON 177 Date: 4-9-2020

Answer:

Responder's Signature: _____ Date: _____

Lieutenant's Signature: _____ Date: _____

Grievance Coordinator's Signature: _____ Date: _____

Inmate Signature: _____ Date: _____

() Appeal to Captain or Designee Date: _____

Response to Appeal: _____

By: _____ Date: _____

Inmate Signature: _____ Date: _____

(Revised 07/02/13)



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Oakland County Sheriff's Office
Oakland County Jail Operations
INMATE GRIEVANCE RESPONSE

To Inmate Name: [REDACTED] Inmate #: 349285 Cell: A1C

Date of Grievance: 4/9/2020

Response:

Currently, Oakland County Jail staff are continuously being briefed daily on MDOC and CDC guidelines for isolation and keeping inmates safe. You must understand that the situation is fluid and constantly changing. Everything possible is being done for your safety while you are incarcerated. Safety precautions are being adhered to and commissary is currently restricted. We are going above and beyond to do the best we can to make sure you are safe in a very difficult situation. It is our plans to allow for commissary purchases of hygiene items and materials for writing starting on April 14. Again things are changing daily, hopefully this will happen as scheduled.



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If additional space is needed for response please continue to page #2. If response continues on page #2 please check box ☐

Responders Name (print): STEVE MCPHERSON

Responders Signature: Steve McPherson Badge: 177 Date: 4-9-2020

Reviewing Lieutenant's Signature: _____ Badge: _____ Date: _____

Grievance Coordinator's Signature: C. V. [Signature] Badge: 444 Date: 04/13/20

Inmate's Signature: [REDACTED] Date: 4/13/20

Appeal Requested (Circle One): Yes ☐ No ☒

11 Emergency

Oakland County Jail Operations

11 Emergency

INMATE GRIEVANCE FORM

GR-2200187

Inmate Name: [REDACTED]

#0422676

Cell: 675

Date: 4-5-20

Received By: Nedo 2593

Date: 4-5-20

Time: 6:15

Staff Print Your Name and Badge Number

Nature of Grievance:

I am requesting to be released on a Home
 release to live with my mother immediately because the
 Jail conditions are not safe to prevent the corona
 virus. I can't maintain 6 feet distance from other
 inmates and other conditions at the jail make the
 spread of corona virus unreasonable. I have a document
 that put me at a high risk. This needs to be
 acted on within 24 hours.

Inmate Effort to Resolve with Staff (Explain):

(Attach Additional Sheets if Necessary)

Inmate Signature: [REDACTED]

Date: 4-5-20

Supv. Initial / Date: 4-5-20

Reviewed/Processed

#659

Grievance Response

Referral To: Sgt. John Jacobson

Date: 04/05/20

Answer:

SEE attached Grievance Response



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Responder's Signature: [Signature] JSS

Date: 4-5-20

Lieutenant's Signature: _____

Date: _____

Grievance Coordinator's Signature: _____

Date: _____

Inmate Signature: _____

Date: _____

() Appeal to Captain or Designee Date: _____

Response to Appeal: _____

By: _____

Date: _____

Inmate Signature: _____

Date: _____

(Revised 07/02/13)

Nc

Oakland County Jail Operations

GR-20200192

INMATE GRIEVANCE FORM

Inmate Name: [REDACTED] # 432307 Cell: 1F-5 Date: 04/01/20
 Received By: [Signature] # 17 Date: 4-1-2020 Time: 1300
 Staff Print Your Name and Badge Number

Nature of Grievance:

I want to start by acknowledging my empathy in how chaotic this may be. I'm concerned in the ethical matter being carried out in holding professional standards. Have they been lowered for the cause? In all honesty where is the root to the issue? Aramark seems to have been the greedy bone that has exploited us all and may continue to damage the system or cause death. I am not alone in all of this. This Safe Survive class was to my understanding an opportunity to better our existence not jeopardize our lives. The irony our first class was to further our education on preventing the spread of bacteria. John Maria must have had symptoms and withheld this from the system. Our class was on 03/26/20. We continued to expose ourselves to the rest of N-Dorm til action was taken on 03/30/20. Nevertheless All of the Aramark staff has been in close proximity with John M. The continue to work with out quarantining.

Inmate Effort to Resolve with Staff (Explain):

We asked The Aramark staff for masks. We asked what protocol they had to go through to continue work.

(Attach Additional Sheets if Necessary)

Inmate Signature: [REDACTED] Date: 04/01/20 Supv. Initial / Date: [Signature]
 Reviewed/Processed

Grievance Response

Referral To: LT. SOWIS Date: 04/02/20

Answer:

John M. Was Seen by a doctor on 3/24 and was Medically [Signature] **FILE COPY**
 Cleared to return to work. As John's symptoms did not improve through the week John returned to the doctor on 3/28 and was tested. Aramark's policy is to follow Doctor's orders and guidelines for Returning to work.

Responder's Signature: [Signature] Date: 4/16/2020

Lieutenant's Signature: [Signature] Date: 4-16-20

Grievance Coordinator's Signature: [Signature] Date: 04/16/20

Inmate Signature: [REDACTED] Date: 4/16/2020

() Appeal to Captain or Designee Date: _____

Response to Appeal: _____

By: _____ Date: _____

Inmate Signature: _____ Date: _____

Attention
Grievance
Coordinator

GL-20200186

INMATE GRIEVANCE FORM

Inmate Name: [REDACTED] # 290687 Cell: Clinic Holding Date: 4-6-20

Received By: Dep. Buyle #129 Date: 4-6-2020 Time: 14:20
Staff Print Your Name and Badge Number

Nature of Grievance:

Life Endangerment, Staff Corruption, Medical Mal Practice...

The general Manager of Aramark along with one of his staff members both tested positive for the Corona Virus. Instead of quarantining and closing down the kitchen. I was threatened and forced to work in the kitchen that's contaminated. And now I'm showing symptoms of the virus and placed in a holding cell with several other inmates all showing signs of the virus.

Inmate Effort to Resolve with Staff (Explain):

I tried to quit the kitchen and was threatened by staff for lost of good time / Trusty Days and placed in R 9 my remaining stay. And was told if I filed a grievance I would lose my trusty days as well!
(Attach Additional Sheets if Necessary)

Inmate Signature: [REDACTED] Date: 4-6-20 Supv. Initial / Date: _____

Reviewed/Processed

Grievance Response

Referral To: LT. SERVIS Date: 4/7/20

Answer: John M. Was seen by a Doctor on 3/24 and was medically cleared to return to work. As John's symptoms did not improve throughout the week John returned to the doctor on 3/28 and was tested and quarantined. Aramark's policy is to follow Doctor's orders and guidelines for returning to work

Responder's Signature: [Signature] Date: 4/16/2020

Lieutenant's Signature: LT. Servis Date: 4-16-20

Grievance Coordinator's Signature: [Signature] Date: 04/16/20

Inmate Signature: [REDACTED] Date: 4-16-20

() Appeal to Captain or Designee Date: _____

Response to Appeal: _____

By: _____ Date: _____

Inmate Signature: _____ Date: _____